

**IDENTIFICATION OF PERMANENTLY DISABLED VOTER  
OR  
NURSING HOME RESIDENT**

State of Illinois ) Card No. \_\_\_\_\_

County of \_\_\_\_\_ ) SS.

City of \_\_\_\_\_ )

I hereby certify that \_\_\_\_\_ of

\_\_\_\_\_ Precinct No. \_\_\_\_\_ is  
(City, Village, Township, etc)

*(check the appropriate box)*

☐ (1) permanently disabled or incapacitated

☐ (2) a resident of a licensed nursing home or care facility and is unable to be present at the polls for elections.

\_\_\_\_\_  
*(Signature of Election Authority)*

This card expires on

\_\_\_\_\_  
*(insert month, day, year)*